

Journey 1

Dear Journey 1 Participant,

We are so glad that you desire to be a part of our Journey 1 group. We look forward to having the chance to get to know you and to hearing some of your story. We hope you find it a helpful step on the journey towards significant healing during our times together.

Please respond by completing the pre-group questionnaire. Your answers will be **confidential** and shared only with the ministry leader and your Journey 1 leaders.

Groups are limited in size. A place will be reserved for you once we receive your completed form and (\$ amount) non-refundable registration fee (if you have not already paid). If the fee is a hardship for you please contact: (name of contact person and phone).

We ask that you be committed to group dates and times. Be sure to mark your calendar. Return your completed questionnaire and (\$35) check to (Journey 1, 2201 S. 42nd Street, Manitowoc, WI, 54220). Please make your check out to Faith Church.

Thank you,

Pastor Pat and Autumn Bosch

Date: _____

Type of Payment: _____

Contacted: _____

Journey 1 Application

Please Print

Name _____ Gender _____ Age _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Marital Status _____ No. of Children _____

Phone(Home) _____ (Work) _____

(Cell) _____ Email Address _____

Permission to leave message? Yes / No Leave message at this number? _____

Church Affiliation _____

Please feel free to use additional paper as needed.

1. Have you in the past, or are you currently receiving professional counseling? Yes No
If yes, please state when and regarding what issue(s)?

2. What are the specific types of wounds you have experienced (please mark an **X**) . . .

Abandonment? _____	Satanic Ritual? _____
Betrayal? _____	Sexual? _____
Bullying? _____	Spiritual? _____
Domestic/spousal? _____	Verbal? _____
Emotional? _____	Other Abuse? _____
Physical? _____	Neglect? _____

3. **Please circle your current marital status:**

Married (How long?) _____	Widowed (How long?) _____
Currently Separated (How long?) _____	Single (How long?) _____
Divorced (How long?) _____	Never Married _____

4. If you consider yourself an abuse survivor, what age did you first talk about your abuse? _____
To Whom _____?

What was their response?

5. What do you hope to gain by attending this ministry?

6. Please fill in the circle for your answers (if yes, please explain)

Yes No Have you had any serious or stressful events in your life in the last year?

Yes No Do you have any serious medical conditions? _____

Yes No Are you currently on medication? _____

Yes No Are you currently employed? If yes, do you like your job? Yes No

Yes No As a child growing up, did you have a good relationship with your father?

Yes No Do you currently have a good relationship with your father?
Is he deceased? Yes No

Yes No As a child growing up, did you have a good relationship with your mother?

Yes No Do you currently have a good relationship with your mother?
Is she deceased? Yes No

7. Were you abused/wounded in any of the following ways? (Please read the definitions of each of these types of abuse included with this form before completing this section.):

Domestic/Spousal? Yes ___ No ___ If yes, age: ___ Relationship of abuser to you: _____

Emotional? Yes ___ No ___ If yes, age: ___ Relationship of abuser to you: _____

Physical? Yes ___ No ___ If yes, age: ___ Relationship of abuser to you: _____

Satanic Ritual Abuse? Yes ___ No ___ If yes, age: ___ Relationship of abuser to you: _____

Sexual? Yes ___ No ___ If yes, age: ___ Relationship of abuser to you: _____

Spiritual? Yes ___ No ___ If yes, age: ___ Relationship of abuser to you: _____

Verbal? Yes ___ No ___ If yes, age: ___ Relationship of abuser to you: _____

8. Are you aware of being, or have you been diagnosed as being dissociative? Yes ___ No ___

Explain if necessary:

9. What are your personal expectations for this small group?

10. If you have gone through Journey 1 before, please include the names of your former leaders:

11. Any additional comments? _____

<i>Check the difficulties you have experienced:</i>		
<ul style="list-style-type: none">• Anger• Anorexia• Anxiety• Bulimia• Compulsiveness• Depression• Distance from God• Fear• Flashbacks• Guilt	<ul style="list-style-type: none">• Headaches• Insomnia• Isolation• Lack of self-control• Loneliness• Low self-esteem• Memory blocks• Nightmares• Overly critical• Panic attacks	<ul style="list-style-type: none">• Perfectionism• Repeated victimization• Sexual problems• Shame• Substance abuse• Suicidal tendencies• Tiredness• Relationship problems

- We have enclosed a page out of your Journey Guide entitled, **“Story Framing Questions”** which will be used for helping you tell your story. You may want to answer some of the questions on that page and bring to group.
- There will be a \$35 fee for materials due on the first day of class. There is no childcare available at this time. If you have questions please call 684-7208 and ask for Pastor Pat.

Disclaimer: This small group ministry is not intended to substitute for mental health, medical, pastoral, legal, or other professional services

Story Framing Questions

What are the events that have framed your story? We have gathered some questions to help you tell about past events that you remember which have influenced how you see life and yourself now. You probably have a lot more you could say, but select the most significant parts that you can share with the group in 10 minutes.

Who wounded, abused or hurt you?

How old were you?

What were the events surrounding the wound, abuse or disappointment?

How long did it go on?

How did you deal with it?

Was there anyone who could have protected you?

Did they help you? If not, how did you feel toward them?

Who did you talk to about the abuse and what was their response?

Emergency Information Form

If my group leader(s) feel that there is a medical/emotional emergency involving me, I release him/her to contact:

My Therapist:

Name _____ Day Phone# _____ After Hours # _____

and/or

My Spouse:

Name _____ Phone # _____

and/or

My Relative:

Name _____ Phone # _____

and/or

My Friend:

Name _____ Phone # _____

Name (Please print) (Signature) (Date)

Medical Conditions _____

Medications _____

Allergies _____

Is there any other information that you think your Journey 1 leaders should know about?

**WAIVER OF LIABILITY
For Journey 1**

Name of Church: Faith Church

Address: 2201 S. 42nd Street Manitowoc, WI 54220

Phone number: 920-684-7208

In consideration of my electing to participate in The Journey 1 ministry held at Faith Church from (date)

I agree that I, _____ (print name of participant) for myself, my heirs and executors, successors and assigns hereby completely and unconditionally release and agree to defend, indemnify and hold harmless, Faith Church, its board members, officers, executive team members, leaders, presenters, employees and other representatives, from and against any and all claims, costs, causes of action, expenses, judgments, and liabilities of any kind whatsoever resulting from, arising out of or in any way relating to:

- (a) my participating in the small group ministry at Faith Church, from (date)
- (b) any counseling or small group sessions in which I may be involved which use any methods or materials developed by Faith Church or Open Hearts.
- (c) my use of any information, methods or materials learned at or obtained through the small group ministry.

Signature of Participant

Date

Frequently Asked

1. What material is used for Journey 1?

We use a manual developed by Open Hearts Ministry designed specifically for this type of group.

2. How much work/time is required of me?

The amount of time you put into the process will directly affect what you get out of it. We suggest you read each week's lesson prior to small group, as well as complete the homework assignment each week.

3. Is attendance each week required? What if I know already that I am going to miss a few sessions?

Your presence is an important part of creating a safe group each week. We strongly encourage you to consider your prior commitments, understanding that your absence will impact everyone in the group.

4. Do I really need to pre-register, or can I just show up on the first night?

Pre-registration is strongly encouraged as it will assist in the formation of groups. Registrations will be considered on a first-come, first-served basis. Walk in registrations are considered for placement as space allows.

5. Will I receive confirmation of my registration?

Yes. You will receive an email confirming your placement in a class. *(Another good reason to pre-register!)*

6. What is the class fee used for? If I drop the class can I get a refund of the class fee?

The fee covers class materials, administrative costs, training of leaders and final celebration activities. If your materials have already been ordered, you may not receive a refund. If you are returning to group and have a manual, there is a reduced registration fee.

7. Are my leaders counselors? How have my leaders been trained?

Your leaders come with their own diverse life experiences as well as required training by Open Hearts Ministries' *THE JOURNEY* conference. They are not counselors, and this is not intended to be a counseling group. We intend to create a safe place where you and others can join together in community to look at how wounds from the past may be affecting your life today, and encourage you to discover what freedom from that might look like. We encourage you to seek further assistance from a trained counselor at some point in your healing journey.

8. Is there anything I need to do to prepare for class the first night?

We strongly recommend that you read "The Wounded Heart" by Dan Allender. Even though it was written to deal more specifically with sexual abuse, it has a lot of excellent information on the effects of all types of abuse. The Open Hearts manual we will be using also refers extensively to concepts covered in "The Wounded Heart."

9. How can I learn more about Open Hearts Ministry?

Go to their web site: www.ohmin.org